

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90744 038 ***150.00

DOCUMENT # P94000043339



1. Entity Name
SPACE COAST PROPERTY MANAGEMENT OF BREVARD, INC.

Principal Place of Business
**1617 COOLING ST
MELBOURNE FL 32935
US**

Mailing Address
**3128 LAKE WASHINGTON ROAD
SUITE 170
MELBOURNE FL 32934
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3252181**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARRS, CYNTHIA
2603 MELISSA CT
MELBOURNE FL 32934**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARRS, KEVIN G	
STREET ADDRESS	2603 MELISSA CT.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARRS, CYNTHIA R.M.	
STREET ADDRESS	2603 MELISSA CT.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGENT, DANIEL	
STREET ADDRESS	2319 S. DAIRY RD.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agent, Daniel	
STREET ADDRESS	6511 Norman Dr.	
CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Moore	
STREET ADDRESS	242 Forecast Lane	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/6/03**
Date Daytime Phone #

CR2E034 (10/02)